

MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF FAMILY SERVICES

TRANSITIONAL LIVING PROGRAM (TLP) SCATTERED SITE APARTMENT CHECKLIST

YOU	ITH NAME	DCN NO.
		DGIV NO.
ADDI	RESS	
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TRAI	NSITIONAL, LIVING CONTR	ACTOR
DUV	SICAL STANDARDS	AL ANA NYSERATE
***************************************		OF AFAITNETY
	Apartment is const	ructed, arranged and maintained to provide for occupant's health and safety.
	The apartment me plan.	ets fire safety standards and has working smoke detectors. The youth has an appropriate fire escape
	The interior of the	apartment is free from an accumulation of dirt and evidence of vermin and rodent infestations.
	Kitchen has approp	priate appliances in good working order, such as stove and refrigerator.
SPE	CIFIC REQUIREMEN	TS TO BE PROVIDED BY THE CONTRACTOR
	Apartment meets a kitchen utensils and	at least minimal requirements for furnishings, i.e., bed, dresser, couch, table and chairs for eating, d basic supplies (towels, linens, etc.).
	The lease has been	n approved and signed by the contractor.
	The contractor has	paid security deposit and rent.
	Utilities have been	turned on and deposits paid for by the contractor.
	Phone has been tu	rned on and deposit paid for by the contractor.
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CASE	MANAGER/SERVICE WOR	KEB CKCMATHEE
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OATE (OF ASSESSMENT	
TYPE	OF ASSESSMENT	
□ INITIAL □ 6 MONTHS □ 12 MONTHS		
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